

EMPLOYEES' RETIREMENT SYSTEM  
201 Merchant Street, Suite 1400  
Honolulu, Hawaii 96813-2980

**FEDERAL TAX WITHHOLDING CERTIFICATE**

Name: \_\_\_\_\_ S. S. No.: \_\_\_\_\_ Retirement Date: \_\_\_\_\_

**SECTION A. (Contributory and Noncontributory)**

Complete this section for federal income tax withholding from your monthly pension. The ERS will not process your retirement pension until the following is completed.

\_\_\_\_\_ **Yes**, withhold federal taxes. Please complete the following for your withholding:

\_\_\_\_\_ exemptions OR \$ \_\_\_\_\_ Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Single

\_\_\_\_\_ **NO**, do not withhold federal taxes.

**SECTION B. (Contributory Only)**

Complete this section for distribution of any taxable amount from the ERS that qualifies for rollover

- . Option 4 or 5 Refund
- . Vacation Pay Contributions

**SELECT ONLY ONE**

Determination of  
Estimated Taxable Portion

1) Option 4 or 5 refund	\$ _____
2) Non-taxable Contributions	- _____
3) Vacation pay Contributions	+ _____
4) Total	= \$ _____

1. \_\_\_\_\_ **NO ROLLOVER**

- . I do not want to rollover the taxable portion of my Option 4 or 5 refund payment or any other taxable amount.
- . By federal law, at least 20% of the taxable portion that is not rolled over must be withheld for federal income taxes. Therefore, please withhold: \_\_\_\_\_% OR \$ \_\_\_\_\_ of the taxable portion of my Option 4 or 5 refund payment and any other taxable amount. (Note: 20% will be withheld if no percentage or dollar amount is indicated above.)

2. \_\_\_\_\_ **FULL ROLLOVER**

- . I want to rollover the entire taxable portion of my Option 4 or 5 refund payment, if applicable, as well as any other taxable amount to the institution listed below.

3. \_\_\_\_\_ **PARTIAL ROLLOVER**

- . I only want to rollover \$ \_\_\_\_\_ of the taxable portion of my Option 4 or 5 refund payment and any other taxable amount to the institution listed below.
- . By federal law, at least 20% of the taxable portion that is not rolled over must be withheld for federal income taxes. Therefore, please withhold: \_\_\_\_\_% OR \$ \_\_\_\_\_ of the taxable portion of my Option 4 or 5 refund payment and any other taxable amount. (Note: 20% will be withheld if no percentage or dollar amount is indicated above.)

**Rollover Qualified Plan (IRA) Information:**

Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Account Number \_\_\_\_\_

I understand that if I do not provide the institution's name, address, and account number by my retirement date, the ERS will not be able to rollover or direct any funds. The ERS will also be required to withhold 20% of the taxable portion of the refund payment and any other taxable amount for federal income tax purposes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date